

## **REMARKS**

Applicants have received and carefully reviewed the Office Action of the Examiner mailed July 31, 2008. Currently, claims 25-45 remain pending. Claims 25-45 have been rejected. In this amendment, claims 25, 32 and 39 have been amended. Favorable consideration of the following remarks is respectfully requested.

### ***Claim Rejections under 35 U.S.C. § 102***

At page 2 of the Office Action, claims 25, 32 and 39 were rejected under 35 U.S.C. §102(e) as being anticipated by Zadno-Azizi et al. After careful review, Applicants respectfully traverse this rejection.

Turning to claim 25, which recites:

25. An intravascular occlusion balloon catheter, comprising:  
an elongate tubular shaft having a hub end and a balloon end, wherein the hub end is the end that normally remains outside a human body and the balloon end is the end of the shaft that extends furthest into the human body;  
a removable hub connected to the hub end of the shaft;  
an inflatable occlusion balloon disposed near the balloon end of the shaft; and  
means for selectively venting air from the balloon, the means disposed between the balloon and the hub end of the shaft.

Nowhere do Zadno-Azizi et al. teach or suggest at least “an elongate tubular shaft”, “a removable hub connected to the hub end of the shaft”, and “means for selectively venting air from the balloon, the means disposed between the balloon and the hub end of the shaft”, as recited in claim 25.

In the Office Action, the Examiner generally relies on Figures 1-3 of Zadno-Azizi et al. as teaching the claimed invention. Applicants respectfully disagree. Instead, the embodiment shown in Figures 1-3 teaches a tubular body 18 having a proximal end opening 23 and a balloon 20 disposed about a distal end. A solid sealing member 30, which includes a main shaft 33, a tapering region 31, and a wire 30, is inserted through the proximal end opening 23 into a lumen 40 of tubular body 18. Zadno-Azizi et al. continue to teach “after catheter 10 has been fully inserted into a patient, an extending main shaft 33 advantageously functions much like a conventional guidewire extension, providing a starting point for the clinician to insert other

catheters over main shaft 33 and catheter 10” (column 10, lines 49-53). Therefore, the main shaft 33 would normally remain outside a human body so that a clinician can access it.

In the Office Action, the Examiner has failed to indicate what elements of Zadno-Azizi et al. that he believes teach or suggest the claimed elements. Applicants respectfully assert that no element of Zadno-Azizi et al. teaches the claimed elongate tubular shaft. Main shaft 33, which has a proximal end that normally remains outside the human body, is a solid member (see column 10, lines 26-27 which recites “sealing member may be formed as a solid piece”) and not tubular as recited in claim 25. Tubular body 18 does not have a proximal end that normally extends outside the human body and is not connected to a removable hub. As such, neither the main shaft 33 nor the tubular body 18 teach or suggest the claimed elongate tubular shaft.

As the Examiner is aware, “[a] claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference.” *Verdegaal Bros. v. Union Oil Co. of California*, 814 F.2d 628, 631, 2 USPQ2d 1051, 1053 (Fed. Cir. 1987). (MPEP § 2131). As can be clearly seen, Zadno-Azizi et al. do not teach or suggest each and every element of claim 25. Furthermore, there is no reason to modify the teachings of Zadno-Azizi et al. to arrive at the claimed invention. Therefore, for at least these reasons, claim 25 is believed to be patentable over Zadno-Azizi et al.

Applicants respectfully request that if the Examiner is to maintain this rejection, he distinctly points out where Zadno-Azizi et al. teach the claimed limitations.

Turning to claim 32, which recites:

32. An intravascular occlusion balloon catheter, comprising:  
an elongate tubular shaft having a hub end and a balloon end, wherein the hub end is the end that normally remains outside a human body and the balloon end is the end of the shaft that extends furthest into the human body;  
a removable hub connected to the hub end of the shaft;  
an inflatable occlusion balloon disposed near the balloon end of the shaft, the balloon having an interior; and  
a vent pathway disposed on the balloon end of the shaft, the vent pathway in fluid communication with the interior of the balloon for selectively venting air from the balloon, and the vent pathway disposed between the balloon and the hub end of the shaft.

As discussed previously, nowhere do Zadno-Azizi et al. teach or suggest “an elongate tubular shaft having a hub end and a balloon end, wherein the hub end is the end that normally remains outside a human body and the balloon end is the end of the shaft that extends furthest into the

human body” and “a removable hub connected to the hub end of the shaft”, as recited in claim 32. Furthermore, nothing in Zadno-Azizi et al. teaches or suggests “a vent pathway disposed on the balloon end of the shaft, the vent pathway in fluid communication with the interior of the balloon for selectively venting air from the balloon, and the vent pathway disposed between the balloon and the hub end of the shaft”, and nowhere has the Examiner cited any portion of Zadno-Azizi et al. as teaching or suggesting this limitation. Therefore, for at least these reasons, claim 32 is believed to be patentable over Zadno-Azizi et al.

Applicants respectfully request that if the Examiner is to maintain this rejection, he distinctly points out where Zadno-Azizi et al. teach the claimed limitations.

Turning to claim 39, which recites:

39. An intravascular occlusion balloon catheter, comprising:  
an elongate tubular shaft having a proximal end and a distal end;  
a removable hub connected to the proximal end of the shaft;  
an inflatable occlusion balloon disposed near the distal end of the shaft, the balloon having an interior; and  
a vent pathway disposed on the distal end of the shaft proximal the balloon, the vent pathway in fluid communication with the interior of the balloon for selectively venting air from the balloon.

As discussed previously, nowhere do Zadno-Azizi et al. teach or suggest “an elongate tubular shaft having a proximal end and a distal end”, “a removable hub connected to the proximal end of the shaft”, and “a vent pathway disposed on the distal end of the shaft proximal the balloon, the vent pathway in fluid communication with the interior of the balloon for selectively venting air from the balloon”, as recited in claim 39. Therefore, for at least these reasons, claim 39 is believed to be patentable over Zadno-Azizi et al.

Applicants respectfully request that if the Examiner is to maintain this rejection, he distinctly points out where Zadno-Azizi et al. teach the claimed limitations.

### ***Claim Rejections under 35 U.S.C. § 103***

At page 4 of the Office Action, claims 26-31, 33-38 and 40-45 were rejected under 35 U.S.C. §103(a) as being unpatentable over Zadno-Azizi et al. (U.S. Patent No. 6,325,778). After careful review, Applicants respectfully traverse this rejection. As discussed previously, claims 25, 32, and 39 are believed to be patentable over Zadno-Azizi et al. Therefore, claims 26-31, 33-

38 and 40-45, which depend from one of claims 25, 32 and 39, are believed to be patentable over Zadno-Azizi et al.

***Double Patenting Rejection***

At page 5 of the Office Action, claims 25-45 were rejected on the ground of non-statutory obviousness-type double patenting as being unpatentable over claims 1-34 of U.S. Patent No. 6,786,887. While Applicants do not concede the correctness of the rejection, in the interest of furthering prosecution, Applicants will provide a Terminal Disclaimer when the claims are otherwise indicated as being allowable.

***Conclusion***

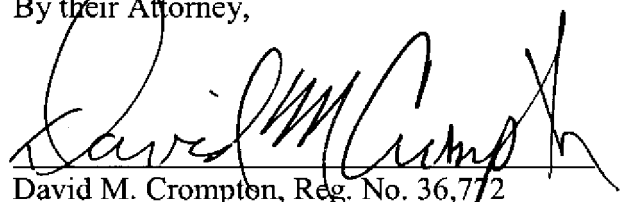
Reexamination and reconsideration are respectfully requested. It is respectfully submitted that all pending claims are now in condition for allowance. Issuance of a Notice of Allowance in due course is requested. If a telephone conference might be of assistance, please contact the undersigned attorney at (612) 677-9050.

Respectfully submitted,

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By their Attorney,

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